sane epileptics, which was founded at Maghall near Liverpool in 1888, by Dr. Alexander and others. The first *colony* for the sane was opened at Chalfont by the National Society in 1894. The patients in these various institutions are employed in different ways, the men in carpenter work and basket weaving, at the forge, or upon the farms and orchards; the women in laundry work, sewing, or house work. In regard to treatment the author emphasizes the importance of constant occupation of some sort which the patients find congenial. This must be wholesome and if possible, out-of-doors, for fresh air and the other surroundings of the epileptic, not only prevent thought of his malady, but supply mental activity and hope, with consequent improvement in the general health, and lessening of the number of attacks. The treatment of epileptic children promises well, as experience has demonstrated that the treatment of the young in colonies gives the best results, for they are pleased with the regular occupation and gain self-confidence. At Chalfont they have twenty-four boys about fourteen years old. They appear well, happy and satisfied. During the day they are employed on the farm or in other work, and in the winter evenings they receive instruction in arithmetic, reading, and other branches. It is estimated that there are 40,000 epileptics in the British Isles, of whom a great part are in workhouses, where they ought not to be. Many of the best cases at Chalfont were those who had been for a short time only in the workhouse, and had slipped into pauperism, not from their own fault, but simply because they could not obtain work.

Mr. Richards (Amityville, N. Y.)

JOURNAL DE NEUROLOGIE

(Vol. 8, 1903, No. 22.)

1. The Differential Diagnosis of Korsakoff's Disease. S. Soukhanoff and A. Boutenko.
2. The Syndrome of Korsakoff and General Paresis. Dr. Deroubaix.

1. *Korsakoff's Disease* (Continued Article).

2. *Korsakoff's Disease and Paresis.* Different authors are not in accord as to whether or not the Korsakoff symptom-complex, of loss of memory, especially for recent events, false memories or confabulations, and disorientation, originally attached by Korsakoff to polyneuritis, but now known to occur in other connections, should be considered as constituting a definite form of mental disease. As a contribution to this subject, the author describes the case of a man of 35 years of age, of bad heredity, taken ill two years previously with an apoplectiform attack. Since then he has shown progressive mental failure without confusion or delirium. In September, 1903, he had three epileptiform attacks. Motor power is good, but there is tremor, especiallly of the tongue. The pupils react but are unequal. Tendon reflexes are "strong." There is aphasia and dysarthria, paragraphia and paralexia, serious loss of memory, and disorientation as to time and place, but no false memories or confabulation. The author thinks that the case is to be regarded as one of general paresis showing Korsakoff's symptom-complex.

(Vol. 8, 1903, No. 23.)

1. Differential Diagnosis of Korsakoff's Disease. S. Soukhanoff and A. Boutenko.

1. *Differential Diagnosis of Korsakoff's Disease.*—In a long article extending through two numbers of the journal, the authors urge the claims of the Korsakoff symptom-complex to be recognized as a special disease form, toxic in origin, and usually occurring in connection with multiple neuritis, which latter, however, may be so little marked as to

attract small attention. While most of the cases are of alcoholic origin, it is also due to other toxic agents, and mental symptoms at least closely resembling it may occur in various diseases. The differential diagnosis of the true disease from conditions more or less closely resembling it, is entered into quite at length by the authors, who discuss in this connection the mental symptoms of amnesia, confusion and disorientation as occurring in chronic alcoholism, primary mental confusion (Meynert's amentia), senile dementia, arteriosclerosis of the brain, the apoplexies, brain tumors, cerebral syphilis, general paresis, and hemorrhagic encephalitis. A complete bibliography is appended.

(Vol. 8, 1903, No. 24.)

1. Concerning the Pathological Anatomy of General Paresis. A. Mahaim.

1. *Concerning the Pathological Anatomy of General Paresis.*—The author defends himself from the criticisms of Debray in Vol. VIII, No. 20, of this journal, denying that he ever stated that it was impossible to admit that the cellular lesions are the primitive ones in general paresis. With regard to perivascular infiltration, he still thinks it characteristic of general paresis, though found occasionally in other mental diseases. In a total of 154 brain examinations among the insane, he has only found this change in two cases certainly not paretics, and in these cases there had pretty surely been syphilis.

Allen (Trenton).

NEUROLOGISCHES CENTRALBLATT

(Vol. 22, 1903, Sept. 1, No. 17.)

1. Concerning the Medullated Fiber Constituents of a Normal Brain and the Brain of a General Paretic. K. Schaffer.
2. Concerning the Anthropology of the Spinal Cord. H. Pfister.

1. *Medullated Fiber Constituents of Normal and Paretic Brains.* In an extensive paper the author gives the results of a study of the medullated fibers of the cerebral cortex of a normal brain, and agrees with the findings of Kaes on the same subject. In the study of the brain of the general paralytic the medullated fibers of the following portions of the cortex were degenerated, the nasal frontal convolutions, the inferior parietal lobules, the frontal pole, the second temporal gyrus and the inferior half of the visula, while the rest of the brain seemed normal. In another case the author observed the degeneration was a diffuse one, and he concludes that the medullated fibers of the central cortex in general paralytics may in some cases be wholly or in part degenerated.

2. *The Anthropology of the Spinal Cord.*—Pfister made a series of observations in children on the relative weight of the spinal cord to the weight of the brain and the body, and the alterations during development. His conclusions are as follows: (1) The spinal cord of a boy is at all ages heavier and longer than that of a girl of corresponding age; (2) In relation to the brain the spinal cord of a boy is at birth lighter than that of a girl. In children of the same age and sex a heavy brain is always accompanied by a heavy spinal cord. During life the proportion of the weight of the spinal cord to the weight of the brain in both sexes varies in a similar manner. In the newborn the proportion is 1:100, while in the adult it is 1:50; (3) The spinal cord weighs at birth 3 to 34 gr., and increases in weight about eight times, especially during the first two years of life, the increase becoming less later on; (4) In the newborn 1 gr. of weight of spinal cord equals 14 cm. of body length. As age advances this proportion changes to 6.2 cm. of body length; (5) The aver-